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	Complete if Known								
Fees pursuant to the	Application Nu	mber To	To Be Assigned						
FEE	Filing Date Concurrently Herewith								
	First Named In	ventor Ral	Ralph A. Stearns, et al.						
	Examiner Nam	e Uni	Unknown						
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Unl	Unknown				
TOTAL AMOUNT OF PAYMENT (\$) \$1,340.00			Attorney Docke	et No. 286	2864				
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 21-0550 Deposit Account Name: U.S. Surgical Corp.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee									
✓ Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
Information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILIN	G FEES Small Entit		RCH FEES Small Entity	EXAMIN	ATION FE Small Enti			
Application Typ	e Fee (\$		Fee (\$		Fee (\$)	Fee (\$)	Fee	es Paid (\$)	
Utility	300	150	500	250	200	100	\$^	00.00	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (including Reissues)								<u>Fee (\$)</u> 25	
Each independent claim over 3 (including Reissues)								100	
Multiple dependent claims						360	180	180	
Total Claims						Multiple Dependent Claims			
	or HP =2 er of total claims pa			00.00		Fee (<u>\$) Fee</u>	Paid (\$)	
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									
$\frac{4}{4} - 3 \text{ or HP} = \frac{1}{1} \times \frac{200}{200.00} = \frac{200.00}{200.00}$									
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)									
Other (e.g., late filing surcharge): Recording Patent Assignment 40.00									
SUBMITTED BY			1.0						
Signature Registration No. (Attorney/Agent) 43,612 Telephone 203-845-4562							15-4562		
Name (Print/Type) Kimberty V Perry Senior Patent Counsel							1/16		

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